



SINCERELY HELD RELIGIOUS BELIEF EXEMPTION REQUEST FORM

The University is implementing a COVID-19 Vaccination Requirement for University Employees. If being vaccinated against COVID-19 would violate your sincerely held religious belief, practice, or observance, you may be exempted from the requirement to be vaccinated by completing and submitting the second page of this form. The University needs the information on this form to evaluate and document your right to a religious exemption. If you do not provide complete and truthful information in seeking this exemption, you may be in violation of the University's requirements and subject to employment discipline up to and including dismissal.

The information that you provide will be treated as private. It may be shared within the University to the extent that a University employee needs the information to perform their job. This may include staff with roles in supervision, health & safety, legal, and human resources. It may also be shared with those outside the University who are authorized to have access under federal or state law, including representatives of the Minnesota Department of Health. For Covered Individuals who are student workers or health sciences learners, including residents and fellows, information provided under this policy may also be shared with school officials who have a legitimate educational interest in the information, including academic support personnel, and others authorized by law.

If you submit this form by the later of December 3, 2021, or your date of hire, the University will grant contingent approval pending review of your submission. Following that review, the University may require additional information, or may deny your request. Such a request or denial will give you a reasonable period of time in which to provide the requested information or become fully vaccinated.

Instructions

All parts of this form must be completed. After answering the questions and certifying the completeness and accuracy of your answers, you must sign this form in front of a notary public, the notary must also sign this form, and you must upload a photograph or scan of the following page of this form as instructed by the University. Please do not include any additional documents.

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In your own words, explain below why vaccination against COVID-19 disease is contrary to a sincerely held religious belief, practice, or observance, and why no COVID-19 vaccine is available that would be acceptable in light of that sincerely held religious belief, practice, or observance.

Indicate whether you are opposed to all immunizations for all diseases, and if not, the religious basis on which you object to COVID-19 vaccination.

Certification of Completeness and Accuracy

I certify that the above information is complete and accurate, is based on my sincerely held religious belief, practice, or observance, and I understand that any intentional misrepresentation contained in this request could result in disciplinary action under the University of Minnesota's policies.

Employee Signature: _____ Date: _____

NOTARY PUBLIC COMPLETE THIS SECTION:

State of _____

County of _____

Signed and certified before me on _____ [date]

by _____ [signer]

SEAL

Notary: _____

My commission expires: _____